

DIALYSIS FACILITY CLINICAL PERFORMANCE MEASURES DATA COLLECTION FORM 2001

FACILITY IDENTIFICATION

MAKE CORRECTIONS TO FACILITY INFORMATION
ON LEFT IN THE SPACE BELOW

Place Facility Label Here

1. Does your facility have a written policy for the **TIMING** of the post-dialysis BUN sample collection? *(This question refers to any written policy, endorsed by your facility's management and to which adherence is expected, regarding the timing of blood draws for the assessment of post-dialysis BUN samples).*

☐ Yes ☐ No

If yes, which of the following would best describe your facility's written policy for the **TIMING** of the post-dialysis BUN sample collection as of October 1, 2000? [**CHECK ONLY ONE ANSWER**]

- ☐ Immediately, without slowing blood flow ☐ Immediately after slowing or stopping blood flow
☐ 15 to 60 seconds after slowing or stopping blood flow ☐ 61 to 120 seconds after slowing or stopping blood flow
☐ >2 to 15 minutes after slowing or stopping blood flow ☐ >15 minutes after slowing or stopping blood flow

2. During the time period January 1, 2000 to December 31, 2000, did your facility conduct and document an audit of adherence to the written policy for post-dialysis BUN sample collection? *(An audit refers to an actual physical observation and verification of post-dialysis BUN blood sample draws in order to assess compliance with the policy identified in question 1).*

☐ Yes ☐ No ☐ Unknown

3. During the time period October 1, 2000 to December 31, 2000 did your facility re-process (re-use) dialyzers? *(Please answer "Yes" if your facility re-used ³ 1 dialyzer(s) between October 1, 2000 and December 31, 2000.)*

☐ Yes ☐ No ☐ Unknown

If yes, please check the box(es) which most accurately represents the proportion of reprocessed dialyzers for which total cell volume (TCV) is measured in your facility prior to first use: [CHECK ALL THAT APPLY]

- ☐ < 95 % ☐ 95 - 100 %
☐ We use the dialyzer manufacturer's product information to infer TCV
☐ We use batch testing and/or an average TCV for a group of hemodialyzers to infer TCV
☐ Other _____

Individual Completing Form (**Please print**):

First name: _____ Last name: _____ Title: _____

Phone number: (____) _____ - _____ Fax number (____) _____ - _____

